

INTERNATIONAL
CONSENSUS CONFERENCE
ICC-PBM
FRANKFURT
2018

TOWARDS EVIDENCE-BASED PATIENT BLOOD MANAGEMENT



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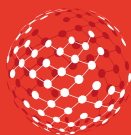
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Patient Blood Management (PBM) aims to optimise the care of patients who might need a blood transfusion. The American Association of Blood Banks (AABB), the International Society of Blood Transfusion (ISBT), the Deutsche Gesellschaft für Transfusionsmedizin und Immunhämatologie (DGTI), the French Transfusion Society (SFTS), Società Italiana di Medicina Transfusionale e Immunoematologia (SIMTI) and the European Blood Alliance (EBA) are committed to advance PBM. These organisations, jointly with several partners will organise a two day consensus conference to present the available evidence on PBM and develop recommendations.

CONSENSUS CONFERENCE METHOD

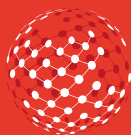
For this conference the definition of Patient Blood Management (PBM) introduced by WHO is adopted: PBM is a patient-focused, evidence-based and systematic approach to optimize the management of patient and transfusion of blood products for quality and effective patient care. To focus all the available studies, the Scientific Committee, chaired by Prof. Erhard Seifried, formulated specific questions within three chosen topics of PBM:

- I. Preoperative anaemia
- II. Red Blood Cell (RBC) transfusion triggers
- III. Implementation of PBM.

The Centre for Evidence-Based Practice from the Belgian Red Cross has carried out a systematic evidence-based review on the specific PICO (Population, Intervention, Comparison, Outcome) questions around these three topics. Based on search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the Centre for Evidence-Based Practice (CEBaP) screened approximately 18.000 titles and abstracts and included 142 studies within the 3 PBM topics of interest. The evidence-based conclusions and the quality of the evidence will be presented at the consensus conference meeting by the Scientific Committee. Based on the evidence and together with the input from the audience, multidisciplinary expert panels will develop recommendations by using a transparent evidence-to-decision framework (GRADE approach). The consensus statements with the supporting evidence will be published afterwards.

TIME, VENUE AND PARTICIPANTS

The Conference will take place on 24 and 25 April 2018 in the Maritim Hotel, Frankfurt, Germany. 250 key stakeholders and experts from the medical specialties and blood transfusion field are invited to participate.



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PROGRAMME AT A GLANCE

FIRST DAY, 24 APRIL

9.00	REGISTRATION AND COFFEE
9.30	OPENING /INTRODUCTION OF CHAIRS AND PANELLISTS
10.00	CONSENSUS CONFERENCE AND GRADE APPROACH
10.30	COFFEE BREAK
11.00	THREE PARALLEL SESSIONS: DEFINITION AND DIAGNOSIS OF PREOPERATIVE ANAEMIA RED BLOOD CELLS TRANSFUSION TRIGGERS IMPLEMENTATION AND MAINTENANCE OF PBM
11.30	
12.00	
12.30	
13.00	LUNCH BREAK
13.30	
14.00	THREE PARALLEL SESSIONS (CONTINUED)
14.30	
15.00	
15.30	
16.00	CONSENSUS CONFERENCE RECEPTION
16.30	
17.00	CLOSED SESSIONS OF THE EXPERT PANELS
17.30	
18.00	
18.30	
19.00	

SECOND DAY, 25 APRIL

8.30	CLOSED SESSIONS OF THE EXPERT PANELS
9.00	
9.30	OPENING REMARKS
9.45	SESSION: PRE-OPERATIVE ANAEMIA
10.30	
11.00	COFFEE BREAK
11.30	SESSION: RED BLOOD CELLS TRANSFUSION TRIGGERS
12.00	
12.30	
12.45	LUNCH BREAK
13.30	
13.45	SESSION: EDUCATION, IMPLEMENTATION OF PBM
14.30	
15.00	
15.30	CLOSING REMARKS
16.00	
16.30	
17.00	CLOSED SESSIONS OF THE EXPERT PANELS
17.30	
18.00	
18.30	
19.00	SPEAKERS/PANELIST DINNER
19.30	



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EXPANDED PROGRAMME → FIRST DAY, 24 APRIL

9.00–9.30 REGISTRATION AND COFFEE

9.30–9.50 OPENING

Opening remarks by Prof. Erhard Seifried, President of the conference
Chair of the day: Prof. Reinhard Burger

09.50–10.30 CONSENSUS CONFERENCE AND GRADE APPROACH

An explanation of the Conference format and of the GRADE-approach: the transparent evidence-to-recommendation framework.

- Presenter: Hans Van Remoortel

10.30–11.00 COFFEE BREAK

11.00–13.00 THREE PARALLEL SESSIONS

The full list of PICO (Population, Intervention, Comparison, Outcome) questions is included from page 6 and further →

I DEFINITION AND DIAGNOSIS OF PREOPERATIVE ANAEMIA
ROOM X

II RED BLOOD CELLS TRANSFUSION TRIGGERS
ROOM Y

III IMPLEMENTATION AND MAINTENANCE OF PBM
ROOM Z

I DEFINITION AND DIAGNOSIS OF PREOPERATIVE ANAEMIA

→ PICO's 1-3

- Chairs: Prof. Yves Ozier | Prof. Emmy de Buck
- Presenter: Dr. Katherine Frey
- Presentation: Summary of systematic review
- Recommendations

II RED BLOOD CELLS TRANSFUSION TRIGGERS:

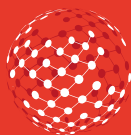
→ PICO's 4-9, 14

- Updated Cochrane review on RBC transfusion triggers, presenter: Prof. Jeffrey Carson
- Chairs: Prof. Reinhard Burger | Prof. Jimmy Volmink
- Presenting a summary of systematic review: Prof. Jerrold Levy and Prof. Cécile Aubron
- Recommendations

III IMPLEMENTATION AND MAINTENANCE OF PBM

→ PICO's 15-17

- Chairs: Prof. Jonathan Waters | Dr. Dean Fergusson
- Presenter: Prof. Mike Murphy
- Presentation: Summary of systematic review
- Recommendations



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→ FIRST DAY, 24 APRIL

13.00–14.00 LUNCH BREAK

14.00–16.00 THREE PARALLEL SESSIONS (CONTINUED)

I TREATMENT OF PREOPERATIVE ANAEMIA

→ PICO 3

- Presenter: Dr. Katerina Pavenski
- Presentation: Summary of systematic review
- Recommendations

II RED BLOOD CELLS TRANSFUSION TRIGGERS:

2. HAEMATOLOGY AND ONCOLOGY

→ PICO's 10, 11

- Presenter: Dr. Richard Gammon
- Presentation: Summary of systematic review
- Recommendations

3. NEUROLOGY

→ PICO's 12, 13

- Presenter: Dr. Cynthia So-Osman
- Presentation: Summary of systematic review
- Recommendations

III IMPLEMENTATION AND MAINTENANCE OF PBM

→ PICO's 15-17

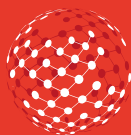
- Presenter: Prof. Mike Murphy
- Presentation: Summary of systematic review
- Recommendations

16.00–17.00 CONSENSUS CONFERENCE RECEPTION

Participants are welcomed to the informal drinks reception.

17.00–19.30 CLOSED SESSIONS OF THE EXPERT PANELS

Panellists will retreat, consider the evidence and input from presentations and discussion to draft consensus statement for discussion on day 2.



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EXPANDED PROGRAMME → SECOND DAY, 25 APRIL

8.30–9.30 CLOSED SESSIONS OF THE EXPERT PANELS

9.30–9.45 OPENING REMARKS

Chair of the conference explains the conduct and goals of the day
Chairs of the day: Prof. Reinhard Burger and Prof. Klaus Cichutek

9.45–11.00 SESSION: PRE-OPERATIVE ANAEMIA

Presentation of the draft consensus statements

11.00–11.30 COFFEE BREAK

11.30–12.45 SESSION: RED BLOOD CELLS TRANSFUSION TRIGGERS

Presentation of the draft consensus statements
Discussion on statements

12.45–13.45 LUNCH BREAK

13.45–15.00 SESSION: IMPLEMENTATION, MAINTENANCE OF PBM

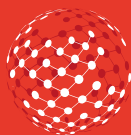
Presentation of the draft consensus statements
Discussion on statements

15.00–16.00 CLOSING REMARKS

Conclusions by the chairs

17.00–19.00 CLOSED SESSIONS OF THE EXPERT PANELS

19.00 SPEAKERS/PANELIST DINNER



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EXTRA INFORMATION — FULL PICO QUESTIONS

PREOPERATIVE ANAEMIA

Based on search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the Centre for Evidence-Based Practice (CEBaP) of the Belgian Red Cross screened approximately 1000 systematic reviews and included about 60 observational (link preoperative anaemia – adverse events) and experimental studies (ESA and/or iron therapy as treatment preoperative anemia).

PICO 1 — ADVERSE EVENTS

In elective surgery patients [population], is preoperative anaemia [intervention/risk factor] a risk factor for adverse clinical or economic outcomes [outcomes] compared to no preoperative anaemia [comparison]?

PICO 2 — DEFINITION

In elective surgery preoperative patients [Population], should Hb of 130 g/L (Index test) (versus [comparator test] [Comparison]) be used to diagnose anemia [Outcome]?

PICO 3 — MANAGEMENT

In elective surgery patients with preoperative anemia [Population], is the use of red blood cell transfusion or iron supplementation and/or erythrocyte stimulating agents [Intervention] effective to improve clinical and economic

outcomes [Outcomes] compared to no intervention/ placebo/standard of care [comparison]?

RBC TRANSFUSION TRIGGERS

Based on the Carson Cochrane review and search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the CEBaP screened around 13.000 observational and experimental studies and included about 40 randomized controlled trials.

PICO 4 — ADULT INTENSIVE CARE PATIENTS

In critically ill, but clinically stable adult intensive care patients [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 5 — ORTHOPAEDIC AND NON-CARDIAC SURGERY

In elderly high risk (cardiovascular) patients undergoing orthopaedic or non-cardiac surgery [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 6 — ACUTE GASTROINTESTINAL BLEEDING

In patients with an acute gastrointestinal bleeding [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 7 — CORONARY HEART DISEASE

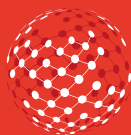
In patients with symptomatic coronary heart disease [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 8 — SEPTIC SHOCK

In patients with septic shock (Population), is the use of a restrictive transfusion threshold (Intervention) effective to reduce mortality and improve other clinical outcomes (Outcomes) compared to a liberal transfusion threshold (Comparison)?

PICO 9 — CARDIAC SURGERY

In patients undergoing cardiac surgery [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?



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PICO 10 — ADULT HAEMATOLOGICAL PATIENTS

In adult haematological patients [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 11 — ADULT PATIENTS WITH SOLID TUMOURS

In adult patients with solid tumours [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 12 — ACUTE CENTRAL NERVOUS SYSTEM INJURY

In patients with acute central nervous system (CNS) injury [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 13 — CEREBRAL PERFUSION DISORDERS

In patients with cerebral perfusion disorders [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PICO 14 — ACUTE BLEEDING

In patients with acute bleeding [Population], is the use of a restrictive transfusion threshold [Intervention] effective to reduce mortality and improve other clinical outcomes [Outcomes] compared to a liberal transfusion threshold [Comparison]?

PBM IMPLEMENTATION

Based on 2 systematic reviews (Hibbs 2015 and Tinmouth 2005) and search strategies in 4 different biomedical databases (Pubmed, Embase, Cochrane Library and Transfusion Evidence Library), the CEBaP screened about 700 studies and included about 70 observational studies

PICO 15 — EFFECTIVENESS PBM IMPLEMENTATION

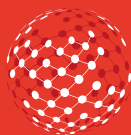
Is a PBM program [intervention] effective to improve clinical and economic outcomes [outcomes] compared to no PBM program [comparison]?

PICO 16 — PBM PROMOTIONAL TOOLS: BEHAVIOURAL INTERVENTIONS

Is a specific behavioural intervention to promote the implementation of a PBM program [intervention] more effective to improve clinical and economic outcomes [outcomes] compared to no/another behavioural intervention[comparison]?

PICO 17 — PBM PROMOTIONAL TOOLS: DECISION SUPPORT SYSTEMS

Is a specific decision support system to promote the implementation of a PBM program [intervention] more effective to improve clinical and economic outcomes [outcomes] compared to no intervention or another decision support system/behavioural intervention [comparison]?



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CO-SPONSORS / WITH THE PARTICIPATION OF

THIS CONFERENCE IS CO-SPONSORED BY: AABB, ISBT, DGTI, SFTS, SIMTI AND EBA

The American Association of Blood Banks (AABB) is the global leader in standards development, accreditation and implementation of quality systems in transfusion medicine and cellular therapies. AABB has an unwavering focus on donor and patient safety. AABB accomplish this by translating knowledge into solutions that shape the field of transfusion medicine and cellular therapies.

The International Society of Blood Transfusion (ISBT) is an international society where transfusion medicine professionals from across the globe come together and do the one thing they do best: share knowledge to improve the safety of blood transfusion worldwide. The ISBT believes that with the power of knowledge it can improve the safety of blood transfusion worldwide.

The Deutsche Gesellschaft für Transfusionsmedizin und Immunhämatologie (DGTI) is a non-profit organisation promoting transfusion medicine and the development of cooperation with specialist areas, particularly in the fields of science, research and public health. The DGTI serves as an international scientific “umbrella company” in the German-speaking world, has more than 1000 members. In

addition to the annual scientific congress with an industrial fair, which presents current developments and research results in transfusion medicine and its border areas, current problems of individual sub-areas are addressed in eight sections. DGTI also supports various programs for the promotion of young professionals, scientific events and basic research.

The French Society of Blood Transfusion (SFTS) is a non-profit organization founded in 1938. SFTS promotes blood transfusion and hemobiology in the scientific, technological, ethical, medico-social and educational level. Its means of action are scientific meetings, national congresses, scientific and technical publications. The SFTS responds to requests from the public authorities or their representatives concerning medical or scientific developments having implications for daily practice. SFTS is committed to Continuing Professional Development and working with related organizations to develop and support programs for the various professions in the field.

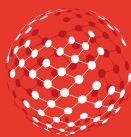
Società Italiana di Medicina Trasfusionale e Immunematologia, the Italian Society of Transfusion Medicine and Immunohaematology (SIMTI) was founded in 1954 with the aim to develop knowledge in the field of Trans-

fusion Medicine and Immunohaematology in cooperation with other medical disciplines and supporting voluntary and non-remunerated blood donors and their associations. SIMTI founded the International Scientific Journal “Blood Transfusion” and is also partner of Italian competent Authorities, namely the Ministry of Health and the National Blood Center, in improve the Italian Transfusional Network cooperating for national and international activities. SIMTI has quite 2,000 members ad affiliates (doctors, biologists, technicians and nurses) working in the Italian Transfusion Services

The European Blood Alliance (EBA) is an association of non-profit Blood Establishments, with 26 members throughout the European Union and EFTA States. Its mission is to contribute to the safety, security and cost effectiveness of the blood and tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and strong collaboration amongst European blood and tissue and cell services.

EVIDENCE BASED REVIEW BY

The Centre for Evidence-Based Practice (CEBaP). This is a non-profit global centre located in Belgium and supporting humanitarian activities, including those of the Belgian



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CHAIRS OF THE SESSIONS

Red Cross, with scientific evidence. CEBaP was launched in 2009 and currently consists of 8 researchers. They provide a scientific basis for a wide range of humanitarian activities, from blood supply to development programs or emergency relief. This is achieved by developing systematic reviews, which are overviews of evidence based on published scientific studies. In addition they develop evidence-based guidelines, in which also practice experience and preferences of the target group are taken into account. Where gaps in evidence are identified, CEBaP also conducts primary field studies.

WITH THE PARTICIPATION OF

Australian Red Cross Blood Service (ARCBS)

Canadian Blood Services (CBS)

International Collaboration for Transfusion Medicine Guidelines (ICTMG)

International Society on Thrombosis and Haemostasis (ISTH)

National Blood Authority, Australia (NBA)

PRESIDENT OF THE CONFERENCE AND CHAIR OF THE SCIENTIFIC COMMITTEE: PROF. DR. ERHARD SEIFRIED

Professor of internal medicine, haematology and transfusion medicine, is the chair of transfusion medicine and

immunohaematology and director of the Institute of Transfusion Medicine at the Goethe University Hospital in Frankfurt am Main, Germany and Chief Medical Director of the Red Cross Blood Donor Services Baden-Wuerttemberg – Hessen, including its affiliates. He qualified in internal medicine at Ulm University Medical Center and specialized in haematology, oncology, transfusion medicine and haemostaseology. He worked at Gaubius Institute TNO Leiden, the Netherlands, for his Ph.D. He has served as president of the German Society of Transfusion Medicine (DGTI) and as the president of International Society for Blood Transfusion (ISBT). He was Vice-president of the European Blood Alliance (EBA) until 2017.

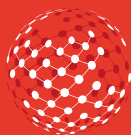
CHAIR: PROF. DR. REINHARD BURGER

Prof. Dr. Burger received his degrees in Microbiology and Immunology at the Inst. for Med. Microbiology, Univ. Mainz (Habilitation 1982), was Professor for Immunology at Univ. of Heidelberg and since 1989 Professor for Immunology at Free University Berlin. Until 2010 he was Head of the Dept. for Infectious Diseases and Vice President of the Robert Koch Institute (RKI) and from 2010 to 2015 President of the RKI. His major research areas were complement system, anaphylatoxins, differentiation antigens on lymphoid cells and transmission of infectious diseases through blood transfusion and plasma products.

From 1993 to 2015 he was Chairman of the National Advisory Committee Blood of the German Federal Ministry of Health. In addition to publications, he contributed to a substantial number of recommendations and guidelines in the field of infectious diseases, immunology and transfusion medicine, particularly concerning the safety against infections through blood components and the detection of infectious agents. He was for many years member of the Standing Committee of the German Physicians Association responsible for the Guidelines Hemotherapy.

CHAIR: PROF. DR. KLAUS CICHUTEK

Is the President of the Paul-Ehrlich-Institut. He is a biochemist and extra-ordinary Professor of Biochemistry at the Johann Wolfgang Goethe University of Frankfurt/Main, Germany. After finishing his Ph.D. in biochemistry at the Westfälische Wilhelms-University Münster, he was granted a fellowship at the University of California in Berkeley, U.S.A. where he worked in the Virus Laboratory as a postdoctoral scientist. Since 1988 Prof. Cichutek has been working at the Paul-Ehrlich-Institut as a scientist, and later as head of the 'Molecular Biology' Research Group. He became head of the Medical Biotechnology Division in 1994. In 1999 he took over as Deputy Director of the Paul-Ehrlich-Institut (PEI), became Vice-President of PEI in



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2001 and since December 2009 he has been the President of PEI. He has been member and chairman of many committees and advisory panels in the field of gene therapy, biological standardization and was co-chairman of the 'Benchmarking of European Medicines Agencies' Steering Group of the European 'Heads of Medicines Agencies' (HMA) until February 2014. Since March 2014, he has been chair of the HMA Management Group.

CHAIR: PROF. DR. YVES OZIER

Professor of Anesthesiology and Critical Care Medicine at the Western Brittany University (Université de Bretagne Occidentale) and Head of the Division of Anesthesia, Critical Care and Emergency Medicine at the University Hospital of Brest, France.

In the period 2000-2011, he was appointed as a Professor of Anesthesiology and Critical Care Medicine at the University Paris-Descartes and Head of the Department of Anesthesia and Surgical Intensive Care of the Cochin University Hospital in Paris.

His main research and teaching interests are in the field of perioperative transfusion medicine.

He is a member of several scientific societies including NATA (Network for the Advancement of Patient Blood Ma-

agement, Haemostasis and Thrombosis) and the French Society of Blood Transfusion. He has acted as expert in several guidelines including the NATA guidelines on the detection, evaluation, and management of preoperative anaemia in the elective orthopaedic surgical patient and the European guidelines on Management of major bleeding and coagulopathy following trauma.

CHAIR: PROF. DR. DEAN FERGUSON

Dr. Fergusson is a Senior Scientist & Director, Clinical Epidemiology Program, at the Ottawa Hospital Research Institute. He is also a Full Professor, Departments of Medicine, Surgery, & the School of Epidemiology, Public Health and Preventive Medicine at the University of Ottawa. Dr. Fergusson holds the position of Endowed Chair, OHRI/uOttawa, Clinical Epidemiology Program. He holds a PhD (Honours) in Epidemiology and Biostatistics from McGill University and a Masters of Health Administration from the University of Ottawa. Dr. Fergusson's clinical research interests are mainly in the field of transfusion medicine with a focus on transfusion alternatives and the effectiveness of blood products. His research interests also extend to the methodology and ethics of clinical trials and systematic reviews. Dr. Fergusson is a principal investigator on a

number of large, peer-reviewed clinical trials in transfusion medicine.

CHAIR: PROF. DR. JIMMY VOLMINK

Dean of the Faculty of Medicine and Health Sciences, Stellenbosch University, and Director of the South African Cochrane Centre, SA Medical Research Council. His previous appointments include: Deputy Dean (Research) at Stellenbosch University, GlaxoWellcome Chair of Primary Health Care at the University of Cape Town and Director of Research and Analysis at the Global Health Council in Washington DC.

CHAIR: PROF DR. JONATHAN H. WATERS, M.D.

Dr. Jonathan Waters is currently a Professor in the Departments of Anesthesiology and Bioengineering at the University of Pittsburgh; Chief of the Division of Anesthesiology at Magee-Womens Hospital of the University of Pittsburgh Medical Center; Vice Chair for Clinical Research for the Department of Anesthesiology; and, a member of the McGowan Institute for Regenerative Medicine. In addition, he is Medical Director of the Patient Blood Management program of UPMC and Medical Director of the Blood Management Division for Procirca,



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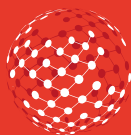
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Inc which is a UPMC owned Biomedical Engineering Company. His areas of expertise primarily focus on transfusion management, blood salvage and obstetrics. He has been federally funded to support investigation in these areas with over 140 peer-reviewed publications, five books on the topic of blood management and a book on neurologic disease in pregnancy. In addition to conducting research, he has served on the editorial board of the journal, Transfusion, and is currently serving as an Associate Editor.

CHAIR: PROF. DR. EMMY DE BUCK

Prof. Dr. Emmy De Buck obtained her Master degree in Applied Sciences and a PhD in Medical Sciences at the KU Leuven (University of Leuven), Belgium. In 2009 she started her career at the Belgian Red Cross-Flanders where she was co-founder of the Centre for Evidence-Based Practice (CEBaP), which provides scientific support to diverse activities of the Red Cross; from blood supply to first aid. She is currently head of CEBaP where she is responsible for developing evidence-based guidelines (both national and international) and systematic reviews, all published in peer-reviewed journals. From 2016 onwards she is also appointed as Assistant Professor at the Faculty

of Medicine of the KU Leuven, where she teaches Evidence-Based Practice and supports medical students in the development of systematic reviews.



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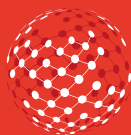
SCIENTIFIC COMMITTEE

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Pierre Albaladejo	Grenoble university hospital, France/ISTH ⁴⁾
Shubha Allard	NHS Blood & Transplant/ISBT
Cécile Aubron	Academic Hospital of Brest, France/SFTS ⁵⁾
Kari Aranko*	European Blood Alliance/EBA
Dana Devine	Canadian Blood Services/CBS
Craig French	Western Health, Melbourne Australia
Kathrine P. Frey	Fairview Health Services and Patient Readiness Institute, Minneapolis MN/AABB
Christian Gabriel	Ludwig Boltzmann Institute for clinical and experimental trauma- tology, Austria/DGTI ³⁾
Richard Gammon	One Blood, Orlando/AABB
Andreas Greinacher	Institut für Immunologie und Transfusionsmedizin Greifswald/ ICTMG ²⁾
Marian van Kraaij	Sanquin, the Netherlands/EBA
Jerrold Levy	Duke University School of Medicine, North Carolina/ISTH ⁴⁾
Giancarlo Liumbruno	Italian National Institute of Health/EBA
Patrick Meybohm*	University Clinics of the Johann Wolfgang Goethe University Frankfurt/Main
Markus Müller*	Institute for Transfusion Medicine and Immunohaematology Frankfurt/EBA

Mike Murphy	NHS Blood & Transplant and AABB/EBA
Hans van Remoortel	Centre for Evidence-Based Practice, Belgian Red Cross ⁶⁾
Ben Saxon	Australian Red Cross Blood Service/ARCBS
Erhard Seifried	German Red Cross Blood Transfusion Services/EBA
Nadine Shehata	Mount Sinai Hospital Toronto/ICTMG ²⁾
Pierre Tiberghien	French National Blood Service/EBA
Claudio Velati	Società Italiana di Medicina Trasfusionale e Immunoematologia
Erica Wood	Epidemiology and Preventive Medicine at Monash University/ISBT

*Scientific Secretariat, 2) International Collaboration on Transfusion Medicine Guidelines, 3) Die Deutsche Gesellschaft für Transfusionsmedizin und Immunhämatologie, 4) International Society on Thrombosis and Haemostasis, 5) French Blood Transfusion Society, 6) Systematic review



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EXPERT PANEL

14

MULTI-DISCIPLINARY EXPERT PANEL

the Decision-Making Panel for each of the three parallel session. 7-15 individuals of diverse backgrounds to form each of the panels and write the final consensus conference statement.

Chairs of the plenary sessions: Reinhard Burger, Robert Koch Institute (formerly), Klaus Cichutek, Paul Ehrlich Institute.

Preoperative Anemia

Yves Ozier (<i>chair</i>)	Brest University Hospital
Emmy de Buck (<i>chair</i>)	CEBaP, Belgian Red Cross
Danielle Bischof	Mt Sinai Hospital, Toronto
Christian Gabriel	Ludwig Boltzmann Institute for clinical and experimental trauma - tology, Austria
Sigismond Lasocki	University Hospital, Angers
Manuel Muñoz Gomez	University of Malaga
Katerina Pavenski	St. Michael's Hospital, Toronto
Thomas Schmitz-Rixen	Goethe-University Hospital Frankfurt am Main
Hubert Serve	University of Frankfurt
Amanda Thomson	Australian Red Cross Blood Service
Claudio Velati	Società Italiana di Medicina Trasfusionale e Immunoematologia
Agneta Wikman	Karolinska University

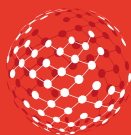
Red blood cell transfusion triggers

Reinhard Burger (<i>chair</i>)	Robert Koch Institute (formerly)
Jimmy Volmink (<i>chair</i>)	Stellenbosch University
Pierre Albaladejo	Grenoble University Hospital, France
Erik Beckers	Maastricht University Medical Center

Kaaron Benson	Moffitt Cancer Center, Tampa
Jeffrey Carson	Rutgers University, New Jersey
Graham Donald	Patient representative, UK
Craig French	Western Health, Melbourne Australia
Nicole Juffermans	University of Amsterdam
Marian van Kraaij	Sanquin, the Netherlands
Dawn Maze	University of Toronto
Marek Mirski	Johns Hopkins Medical Institutions
Gavin Murphy	British Heart foundation/University of Leicester
Jean-Jacques Ries	University hospital Basel
Ben Saxon	Australian Red Cross Blood Service
Christof Sohn	University of Heidelberg, Germany
Tim Walsh	University of Edinburgh

Implementation of PBM

Jonathan Waters (<i>chair</i>)	University of Pittsburgh
Dean Fergusson (<i>chair</i>)	University of Ottawa
Shubha Allard	NHS Blood & Transplant
Lauren Anthony	Allina Health, Minneapolis
Linley Bielby	Australian Red Cross Blood Service
Lise Estcourt	NHS Blood & Transplant
Mohamed El Missiry	Patient Representative, Charité Hospital, Berlin
Steven Frank	Johns Hopkins Medical Institutions
John Freedman	St Michael's Hospital, Toronto
Catherine Humbrecht	Établissement Français du Sang, Strasbourg
Giancarlo Liumbruno	Italian National Institute of Health
Louise Sherliker	NHS Blood & Transplant



INTERNATIONAL
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2018

PRACTICAL INFORMATION

VENUE

MARITIM HOTEL FRANKFURT
THEODOR-HEUSS-ALLEE 3
60486 FRANKFURT/MAIN
GERMANY

CONFERENCE SECRETARIAT

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REGISTRATIONS

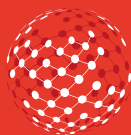
Registrations for the Conference can be made via the secure booking site of Event Organiser MCI. The Conference cost is €200; this includes catering, drinks reception and access to the evidence summaries prior and during the conference.

The Conference Secretariat has negotiated a special rate for delegates for their stay at the Maritim Hotel in Frankfurt. In order to benefit from these rates, rooms have to be booked with the hotel directly via the dedicated **HOTEL BOOKING LINK**.

For more information, please check the ICC-PBM website at www.icc-PBM.eu.

You can register → **HERE**





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WELCOME TO FRANKFURT

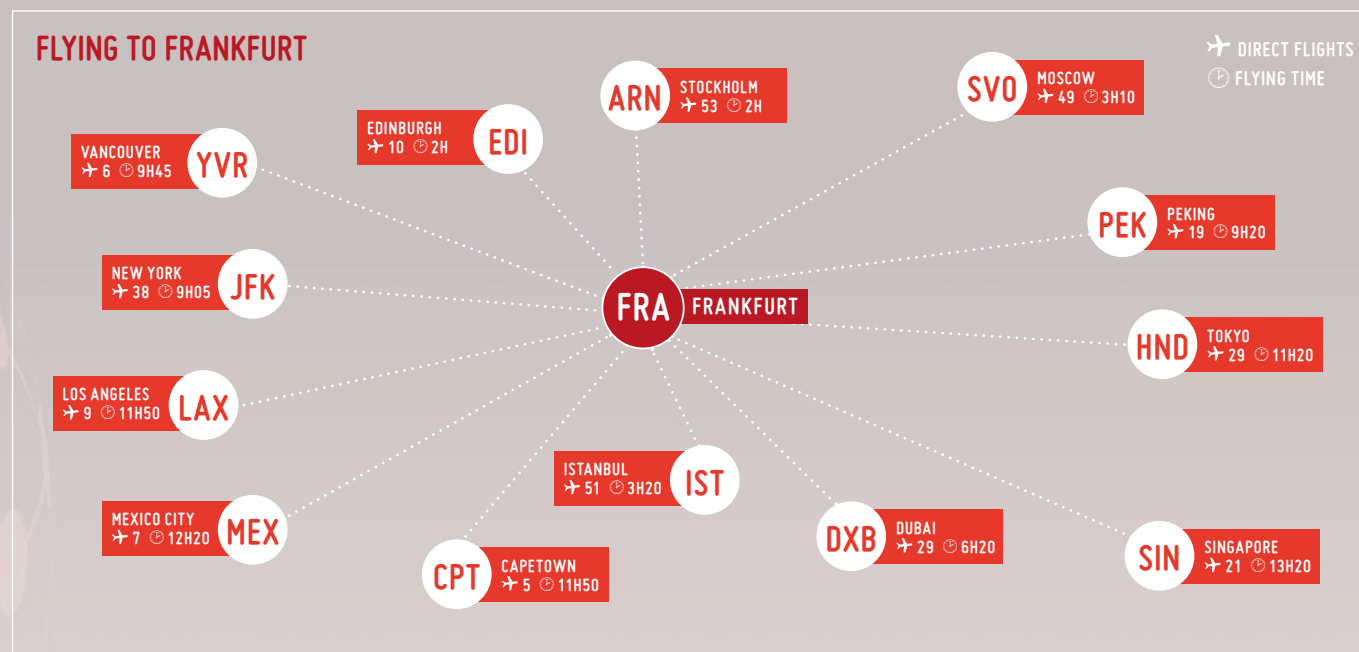
Frankfurt is the largest city in the German state of Hesse and the fifth-largest city in Germany, with a population of 714,241 (2014) within its administrative boundaries. The urban area called Frankfurt Rhein-Main has a population of 2,221,910. The city is at the centre of the larger Frankfurt Rhine-Main Metropolitan Region which has a population of 5,500,000 and is Germany's second-largest metropolitan region. This old imperial city on the River Main - hence its full name, Frankfurt am Main - is, by virtue of its central situation, the most important commercial and economic center on mainland Europe. Frankfurt is also a centre for commerce, culture, education, tourism and web traffic. Frankfurt is also home to many cultural and educational institutions including the Johann Wolfgang Goethe University and Frankfurt University of Applied Sciences, many museums (e.g. Städel, Naturmuseum Senckenberg, Schirn Kunsthalle Frankfurt, Goethe House), and two major botanical gardens, the Palmengarten, which is Germany's largest, and the Botanical Garden of the Goethe University.

TRAVEL TO FRANKFURT

Frankfurt is situated at the heart of Europe in the centre of Germany. It has outstanding transport connections with an international airport, the major intercity rail station and the Frankfurt autobahn intersection. And it's not just travelling to Frankfurt that's so straightforward – thanks to their location in the city, the Maritim Hotel

is also quick and easy to access. For instance. It is just a 10-minute walk from Frankfurt central station. The journey from the airport to the centre of town by car or public transport takes about 15 minutes.

FLYING TO FRANKFURT



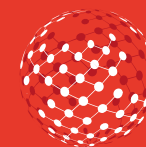
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